	10 to		5/28 See Item 17 o	PO	<i>S</i> 2	*				ويستمث المستوي	<u> b</u>	10		
used, and	CERTIFY That the above is a true stated in mileage rates exceed the minimum ratios 0750, 0751, 0752, 0753 and 0754 particles.	ate. I certify tha	at the cost of	operating the	e vehicle wa usage.	s equal to or	preater than t	the rate cl	ce of the State of aimed, and that t	have met	the requirem	ents as presc	uped by	
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Director Workshop, to be held at Spring Creek Ranch July 19-22, 2009 Canal lbg							- 7 /\				727771			
27 ~ Hotel	deposit at Spring Creek R	anch ~ N	ational C	ouncil of	f State H 2009 /	Iousing A	gencies l	Execut	ive waten		USE	OUNTING C ONLY FUND CHEC		
CLAIM TOTAL 1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when req					equired)						AGENCY ACCOUNTING OFFICE			
	ODE (ACCTG. USE ONLY)			3434		1.79	<u> </u>			W. 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<u> </u>	
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/27	Jackson, Wyoming for	250 618.00	o_			-			TANANG	WILLS	0.00		25.00	
April 09) DATE TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C, RELC OR DINNER	O. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVAT MILES	(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
MONTH/YEAR April 09	(6) LGCATION	(7)	(8) MEALS			(9)	(10)		TRANSPORTA			(11)	(12)	
NORMAL WO :00 to 17;			•			(2) PRIVATE V	EHICLE LIC	ENSE NU	MBER	(3) MIL 0.55	eage rate 0	CLAIMED		
						Sacramento				CA 95814				
Y		STAT	E ZIPC	ODE		1415 L S	treet, Sui	ite 500			STATE	(916) 3	24-4640	
SIDENCE AL	ecutive Director		EX	<u> </u>		Executiv		ESS				1000 TELEPHONE NUMBER		
SITION			CBAC	No.		DIVISION or			<u> </u>	1		INDEX NU	MBER	
CLAIMANT'S NAME Steve Spears						SSN or EMPLOYEE NUMBER*				DEPARTMENT CalHFA				
an ethania	WE													